# Row 9849

Visit Number: 917f3497b0b6dbe9e1e650d9aad27e508959dce57d3d5c92d55a1b308b284a31

Masked\_PatientID: 9808

Order ID: 4b39e22fbfcd06b58ac6df8640c6125a0aae91e1d1ca1bbb3d96d41b66a6342a

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 09/7/2018 17:27

Line Num: 1

Text: HISTORY 5mm Nodule right lung.; Past history of NTM. Nodule in right lung (around 6th rib), possibly present since 2016. TECHNIQUE Scans acquired as per department protocol. Intravenous contrast: Omnipaque 350 - Volume (ml): 50 FINDINGS Comparison made with CT of 27/10/2016. A nodule of concern reported on recent CXR of 29/3/2018 corresponds to a 5 x 9 x 10 mm ovoid or tubular structure located in the posterior aspect of the right upper lobe (5-48, 8-22) which is also present on last CT (401-46) previously better showing a tubular configuration, likely due to mucus plugging. Some of its adjacent nodules are less prominent than before. There is also resolution of the consolidation and ground-glass changes in middle lobe and both anterior upper lobes, and improvement of the mucus plugging and bronchiectasis in the middle lobe and lingula in keeping with prior infection, likely due to atypical mycobacterium. Residual tree in bud disease andbronchial thickening in the lateral aspect of the right upper lobe (5-58) is unchanged. There is however a new cluster of disease (5-43) in the lateral aspect of the right lung apex, suggestive of ongoing or recurrent disease. A new 5 mm nodule in the apical left lower lobe (5-59) and subtle bronchial dilatation further superiorly (5-53) may be of similar aetiology. No lung mass or sinister nodule is noted. There is no new consolidation or ground-glass changes. No interstitial fibrosis or emphysema noted. The major airways are patent. No enlarged supraclavicular, axillary, mediastinal or hilar nodes seen. The visualised thyroid is unremarkable. Mediastinal vasculature enhance normally. Heart size is not enlarged. No pericardial or pleural effusion is seen. Limited sections of the upper abdomen in arterial phase are unremarkable. No destructive bony lesion is seen. CONCLUSION Since last CT of Oct 2016, 1. Interval improvement of previous NTM infection with residual disease, including a slightly smaller focus of mucus plugging in posterior right upper lobe showing as a nodule on CXR. 2. New mild disease in right lung apex and apical left lower lobe are however suggestive of ongoing or recurrent disease. 3. Other minor findings as described. May need further action Finalised by: <DOCTOR>

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Updated Date Time: 13/7/2018 18:00